

MRI of Reston

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Precertification information and forms are available at www.RestonRadiologyConsultants.com

MRI					
Head			Angio		
☐ Sella/Pituitary Intravenous Contrast	☐ Seizure Protocol☐ MS Protocol		Intravenous Contrast	□ Subclavian □ Aorta-Abdominal □ Aorta-Thoracic □ Lower Extremity Run-Off □ Yes □ No	
Spine					
☐ Cervical ☐ Thoracic Intravenous Contrast	☐ Sacrum/SI Joints			culoskeletal □ Left □ Bilateral	
Other (specify)			□ TMJ's □ Shoulder □ Arm	□ Hip □ Thigh □ Pelvis – MSK	
Body			☐ Forearm		
☐ Face ☐ Neck ☐ Chest ☐ Breast ☐ Liver/Pancreas ☐ MRCP Intravenous Contrast	☐ Yes ☐ No		☐ Elbow ☐ Knee ☐ Wrist ☐ Lower Leg ☐ Ankle/Hindfoot ☐ Midfoot/Forefoot ☐ Whole foot (i.e., diffuse process, tumor, infection) with and without Gad Intra-Articular Contrast (Arthrogram) ☐ Yes ☐ No Intravenous Contrast ☐ Yes ☐ No		
☐ Other (specify)			☐ Other (specify)		